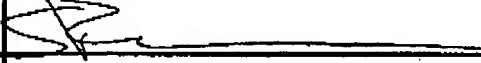


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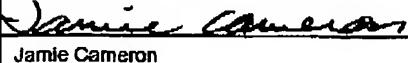
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<b>TRANSMITTAL FORM</b>		Application Number 10/629,265	RECEIVED CENTRAL FAX CENTER
		Confirmation Number 6679	
		Filing Date 07/29/2003	SEP 08 2005
		First Named Inventor Joseph Michael Christie	
		Art Unit 2661	
		Examiner Name	
Total Number of Pages in This Submission	15	Attorney Docket Number	1111b

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1 foreign article	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b> It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 210765 for the required fees.		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	I hereby state that each item of information contained in this Information Disclosure Statement is being filed before the mailing date of a first Office Action on the merits pursuant to 37 CFR 1.97(b).		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	I hereby state that each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than 3 months prior to the filing of this statement per 37 CFR 1.97 (e)(1).		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Setter Ollila LLC		
Signature			
Printed Name	Stephen S. Roche		
Date 9-8-05		Reg. No.	52,176

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature	
Typed or printed name	Jamie Cameron
Date	9-8-05

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Substitute for form 1449A/PTO		<i>Complete if Known</i>	
		<i>Application Number</i>	10/629,265
		<i>Confirmation Number</i>	6679
		<i>Filing Date</i>	07/29/2003
		<i>First Named Inventor</i>	Joseph Michael Christie
		<i>Art Unit</i>	2661
		<i>Examiner Name</i>	
(Use as many sheets as necessary)		<i>Attorney Docket Number</i>	1111b
Sheet	1	of	2

## **U.S. PATENT DOCUMENTS**

## **FOREIGN PATENT DOCUMENTS**

<b>Examiner Signature</b>		<b>Date Considered</b>	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \*Applicant's unique citation designation number (optional). \* See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04. \* Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. \* Applicant is to place a check mark here if English language Translation is attached.

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Substitute for form 1449B/PTO		<i>Complete If Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		<i>Application Number</i>	10/629,265
		<i>Confirmation Number</i>	6679
		<i>Filing Date</i>	07/29/2003
		<i>First Named Inventor</i>	Joseph Michael Christie
		<i>Art Unit</i>	2661
		<i>Examiner Name</i>	
(Use as many sheets as necessary)		<i>Attorney Docket Number</i>	1111b
Sheet	2	of	2

Examiner Signature		Date Considered	
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**The applicant's unique citation designation number (optional).<sup>2</sup>**  Applicant is to place a check mark here if English language Translation is attached.

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